

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029422
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 0730
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2302 PENN. 50 YRS.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) TREB #4
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN SCHILD KNECHT		4. DATE OF DEATH Month Day Year AUG 15, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 22, 1881
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY INSPECTOR MUNICIPAL INDUSTRY	11. BIRTHPLACE (City and state or country) TRENTON, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME AUGUST SCHILD KNECHT	13b. MOTHER'S MAIDEN NAME MARGUERITE CLARK
14. NAME OF HUSBAND OR WIFE RUBY SCHILD KNECHT		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAN AMER. 500-09-362 AMRS RUBY SCHILD KNECHT, JOPLIN	16. SOCIAL SECURITY NO. 331X
17. INFORMANT Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) 331X	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 3 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 3:05 A. to 8/13/58 and last saw him alive on 8/13/58		21. I attended the deceased from Death occurred at 3:05 A. to 8/13/58 and last saw him alive on 8/13/58	
22a. SIGNATURE (Degree or title) Merriam H Black M.D.		22b. ADDRESS Joplin Mo	
22c. DATE SIGNED 8/15/58		23a. BURIAL, CREMATION, REMOVAL (Specify) BUR. & CR. AUG 18, 1958 FAIRVIEW CEM.	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State) JOPLIN Mo.		24. FUNERAL DIRECTOR Hurlbut Glover, Joplin	
25. DATE RECD. BY LOCAL REG. 8-20-1958		26. REGISTRAR'S SIGNATURE Dorcas Merriam	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed... Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.